

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED

FEB 11 2005

S.D. SEC. OF STATE

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Gordon GarmsComplete Mailing Address 532 S Lake Dr. WatertownName of Person Making Report _____ Daytime Phone Number 882-3665If you are a candidate, what office are you seeking? House

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Terminate

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) _____

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Gordon R. Garms (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.Date: Feb 11, 05

Gordon R. Garms
 Candidate Signature or
 Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 11th day of February, 2005
Chris Nelson
 SECRETARY OF STATE

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

[illegible]

Total Expenditures:

Name of Candidate or Committee:_____

For the reporting period ending: _____

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]

Total Obligations: _____

Name of Candidate or Committee: _____

For the reporting period ending: _____

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 749.61
2. Receipts

Schedule A - Direct Contributions	\$	_____
Schedule B - Fund-Raising Events	\$	_____
Schedule C - In Kind Contributions	\$	_____
Schedule D - Other Income	\$	_____
Total of all Receipts	\$	_____
3. Total Monetary Receipts (A+B+D) \$ _____
4. Candidate's Personal Contribution to Own Campaign \$ _____
5. Monetary Loans to Candidate or Committee During Reporting Period \$ _____
6. Monetary Loans Repaid During Reporting Period \$ _____
7. Expenditures - Schedule E \$ _____
8. Unpaid Obligations - Schedule F \$ _____
9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 0

KLW
2-11-05
Mr. Peterson

